



**SPECIFIC LEARNING DISABILITIES ENDORSEMENT**  
 NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD  
 SFN 58900 (07-2008)

Social Security Number		Date of Birth		ND Teaching License Number	
Work Telephone Number				Email Address	
Home Telephone Number					
Last Name		First Name		M.I.	Maiden Name
Mailing Address			City		State      Zip (9 digit)

**Prerequisite:** Valid North Dakota educator's professional license in early childhood, elementary, middle, or secondary education.  
**Plan on file prerequisite:** Applicant must have two years of successful general education teaching documented with a letter from administrator; completed 8 semester hours (SH) of specific learning disabilities special education coursework; and documented supervision by a specific learning disabilities special education teacher.  
**Reeducation Plan:** Submit a completed teacher education program of study form to ESPB. This endorsement will be issued one year at a time up to three years and must be requested by the applicant's administrator.  
**Endorsement Request and Verification:** Once you have completed the requirements, request this endorsement be added to your license by returning this form to ESPB along with your official transcripts.  
**Fees:** If you wish to add this endorsement between renewals, a non-refundable fee of \$75 must be enclosed. There is no additional fee to add this endorsement at your normal license renewal time.  
**Timeline:** This endorsement must be completed prior to or within three calendar years of your first contracted employment as a specific learning disabilities special education teacher in North Dakota. This timeline applies only to the completion of this endorsement and does not change your regular license renewal date.

**Specific Learning Disabilities Program of Study**

24 SH of coursework primarily at the graduate level from an approved teacher education program verified through official transcripts.		
Coursework	Completed (SH)	Needed (SH)
Exceptional children and youth		
Characteristics of specific learning disabilities		
Assessment and interpretation of children with disabilities		
Methods and materials in specific learning disabilities		
Developmental psychology or language development and disorders		
Behavior management		
Corrective reading		
<b>Secondary only:</b> Elementary reading methods		
<b>Secondary only:</b> Elementary math methods		
	<b>Total SH</b>	<b>Total SH</b>
Specific learning disabilities practicum		
Administrator letter (see prerequisite above)		
SLD supervisor name and documentation (see prerequisite above):		

Signature of Applicant		Date
ESPB Review		Date
Executive Director, ESPB		Date
License Code <b>19125, 19225, 19325, 19425, 19525, 19625</b>	Type of Equivalency <b>23</b>	Level of Preparation
Plan on File Start Date:	Plan on File Expiration Date:	Plan on File Effective Date:

**Submit completed form and \$75 fee to:**

ESPB, 2718 Gateway Ave, Suite 303, Bismarck ND 58503-0585, (701) 328-9641 office (701) 328-9647 fax

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code (NDCC) 43-50-02. The individual's social security number is used by the Education Standards and Practices Board (ESPB) as an identification number for file control purposes, background checks, and recordkeeping. ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age or disability as required by various state and federal laws.



## Payment/Credit Card Information

Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check		Amount \$	
Name as it appears on credit card		Please sign to authorize credit card charge	
Credit Card Number		Expiration Date	3 digit CVV number on back of card